

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037-1153

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00375360

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2013

through

M M M / D D D / Y Y Y Y Y Y
02 28 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer

Carlton G. Davids

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2013 To: M M / D D / Y Y Y Y Y Y
02 28 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		71359.29
(b) Cash on Hand at Beginning of Reporting Period.....	137550.93	
(c) Total Receipts (from Line 19)	66143.15	134878.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	203694.08	206238.25
7. Total Disbursements (from Line 31)	33607.10	36151.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	170086.98	170086.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y
02 / 01 / 2013

To:

M M / D D / Y Y Y Y
02 / 28 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

50809.06

109555.79

(ii) Unitemized

12141.14

19475.31

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

62950.20

129031.10

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

62950.20

129031.10

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

3192.95

5847.86

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

66143.15

134878.96

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

66143.15

134878.96

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3607.10	6151.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3607.10	6151.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	30000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.04
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.04
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33607.10	36151.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33607.10	36151.27

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	62950.20	129031.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62950.20	129031.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3607.10	6151.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3192.95	5847.86
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	414.15	303.37

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 50
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joydev Acharya M.D., F.A.

Mailing Address 2416 Frans Hals Cir

City

Modesto

State

CA

Zip Code

95356-0373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : 3B9093F7BC6BD5B27E3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael B. Adesman M.D., F.A.

Mailing Address 400 Woodward Rd

City

Media

State

PA

Zip Code

19063-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : 4A56A7D57A45F9EFFDD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jay H. Alexander M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Cardiologists, SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : 4B47A540CA755DA7B63F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juan M. Aranda Jr., M.D.,

Mailing Address 356 Turkey Crk

City

Alachua

State

FL

Zip Code

32615-9367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shands at the University of Florida

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

02 / 28 / 2013

Transaction ID : 4D2D840ABB82F6A85F3E

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Benjamin Atkeson M.D., F.A.

Mailing Address 16168 Buffalo Rd

City

Wendell

State

NC

Zip Code

27591-7312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Heart & Vascular Associates

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : 9CC00B8D400ED698DCF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Alan J. Bank M.D., F.A.

Mailing Address 225 Smith Ave N

Uhvc

City

Saint Paul

State

MN

Zip Code

55102-2534

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Heart and Vascular Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2013

Transaction ID : F855A65D16534058D91

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

708.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amol S. Bapat M.D., F.A.

Mailing Address 195 Sherwood Pass

City Roswell State GA Zip Code 30075-6858

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardiovascular Physicians of North Atl

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 8AF181BA603C1C81419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bruce E. Barnum M.D., F.A.

Mailing Address 1111 Hermann Dr
Unit 12D

City Houston State TX Zip Code 77004-6929

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 21 / 2013

Transaction ID : 71A2BF7E61E5A1BFE84

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert E. Benton M.D., F.A.

Mailing Address 9 Hunts End Ln

City Albany State NY Zip Code 12211-1956

FEC ID number of contributing federal political committee.

C

Name of Employer
Samaritan Medical Arts Building

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 438EE01F0B9A9B38108

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert N. Berkley M.D., F.A.

Mailing Address 2953 Soft Horizon Way

City State Zip Code
Las Vegas NV 89135-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Heart & Vascular Center

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 2A6A717FE5610EE4703

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Neil Jeffrey Berman M.D., F.A.

Mailing Address 4 Woods End Gatewood Drive

City State Zip Code
Needham MA 02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : C7BFD741C1A72EC99C1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael J. Boland M.D., F.A.

Mailing Address 129 Willow Pointe Dr

City State Zip Code
Columbus MS 39705-2094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Cardiovascular Care, PLLC

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : FB1658E9DE3C4B674F7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven Borzak M.D., F.A.

Mailing Address 7233 San Sebastian Dr

City	State	Zip Code
Boca Raton	FL	33433-1050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Cardiology Group, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : 1FD53CE0B87B3EB359A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patrick C. Breaux M.D., F.A.

Mailing Address 1317 Killdeer St

City	State	Zip Code
New Orleans	LA	70122-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

NON-INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : E039A5944BC270EAC5D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles L. Brown III, M.D.,Mailing Address 95 Collier Rd NW
Ste 2045

City	State	Zip Code
Atlanta	GA	30309-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology of Georgia, P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : 82CB479ADA26F7FE080

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey A. Buetikofer M.D., F.A.

Mailing Address 6717 Manchester Farms Rd
Ste 190

City Fairview State PA Zip Code 16415-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultants in Cardiovascular Diseases

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 7AE56D5A4A8359FCBC5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric B. Carlson M.D., F.A.

Mailing Address 4606 Whitby Pl

City Greensboro State NC Zip Code 27406-8600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : DEF916907DC9599D1E2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Archie H. Chandler III, M.D.,

Mailing Address 15 Warner St

City Greenville State SC Zip Code 29605-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : 0F44EA44066D8C79575

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joonun Choi M.D.Mailing Address 15 Lafayette Ct
Apt 2CCity State Zip Code
Greenwich CT 06830-5310FEC ID number of contributing
federal political committee.

C

Name of Employer

The Heart Physicians

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 12 / 2013**Transaction ID : 6168C83A-3E42-4B5C-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher R. Cole M.D., F.A.Mailing Address 2222 N Nevada Ave
Ste 4007City State Zip Code
Colorado Springs CO 80907-6863FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 12 / 2013**Transaction ID : B7C0EAC096D33DCAF1E**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Russell J. Cornell M.D., F.A.Mailing Address 368 Lakehurst Rd
Ste 301City State Zip Code
Toms River NJ 08755-7339FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 12 / 2013**Transaction ID : 34D8EDF2D6FC48D22F9**

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. George H. Crossley III, M.D.,

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	3

Transaction ID : 43F3ADAB63F4CC79471B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory J. Dehmer M.D., F.A.Mailing Address 11133 Overlook Cv
MS-33-St156

City

Belton

State

TX

Zip Code

76513-6528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott & White

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	1	3

Transaction ID : C14A183E51159DDC090

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Charlie W. Devlin M.D., F.A.

Mailing Address 180 Gregg Pkwy

City

Columbia

State

SC

Zip Code

29206-4924

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Heart Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	1	3

Transaction ID : 007D8E8EB4EFEE09497

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur Lee Eberly III, M.D.,

Mailing Address PO Box 8795

City
Greenville

State
SC

Zip Code
29604-8795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 41098474608FDA7C9C0B

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. William G. Elliott D.O., F.A.

Mailing Address 8638 W Cherry Hills Dr

City
Peoria

State
AZ

Zip Code
85345-8173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 2F31B8DF4C9F4CA7C1B

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Blair D. Erb Jr., M.D.,

Mailing Address 905 Highland Blvd
Ste 4330

City
Bozeman

State
MT

Zip Code
59715-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants, P.A.

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.68

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 4F719EF93B8952A20BB5

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1167.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael D. Evans M.D., F.A.

Mailing Address 620 E Sandyhills Ave

City

McAllen

State

TX

Zip Code

78503-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Clinic, PLLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 15 / 2013

Transaction ID : 75A6547F8C9A7852F87

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anne Hauet Everman M.D., F.A.

Mailing Address 57 Bayberry Ln

City

Myrtle Beach

State

SC

Zip Code

29572-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Gastroenterology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 1102089A724CB46DA9F

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Chester J. Falterman M.D., F.A.

Mailing Address 1458 Avellino Cir

City

Murfreesboro

State

TN

Zip Code

37130-7608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.66

Date of Receipt

02 / 15 / 2013

Transaction ID : 4080858D613D1B2C8EB4

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

695.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chester J. Falterman M.D., F.A.

Mailing Address 1458 Avellino Cir

City

Murfreesboro

State

TN

Zip Code

37130-7608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.66

Date of Receipt

02 / 25 / 2013

Transaction ID : 4BACAF59AA740C03A305

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. James Vannoy Faris M.D., F.A.

Mailing Address 3716 E Devonshire Ln

City

Bloomington

State

IN

Zip Code

47408-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Healthcare

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : C15E5A95846239F8A0B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James W. Fasules M.D., F.A.

Mailing Address 2718 Stephenson Ln NW

City

Washington

State

DC

Zip Code

20015-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer

American College of Cardiology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

02 / 28 / 2013

Transaction ID : 4E0AB0EC3D66B041B376

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory P. Fazio M.D., F.A.

Mailing Address 500 Shady Dell Rd

City	State	Zip Code
York	PA	17403-4426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiac Diagnostics Assoc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : 7B8CADE7E8E8B8C6ECF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nancy C. Flowers M.D., F.A.

Mailing Address 6691 Guadalupe Trl NW

City	State	Zip Code
Los Ranchos	NM	87107-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : F565C1C98F1B38398AD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis C. Friedman M.D., F.A.

Mailing Address 10817 Nantucket Ter

City	State	Zip Code
Potomac	MD	20854-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiac Associates, P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : 4F30AD4AE8A5E9EC76E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Andrew Gerard M.D., F.A.

Mailing Address 3477 Palomino Dr

City State Zip Code
 Gibsonia PA 15044-8965

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC CardioVascular Institute

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 21 / 2013

Transaction ID : D64F010F3D41891A2B8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William S. Gillen M.D., F.A.

Mailing Address 4 Little Bluff Rd

City State Zip Code
 Newport News VA 23606-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Center

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 21 / 2013

Transaction ID : 4D5CA9558BC56C5BE31

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Julian L. Gladstone M.D., F.A.

Mailing Address 820 Galer Dr

City State Zip Code
 Newtown Square PA 19073-3503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 21 / 2013

Transaction ID : 5BA768C4DCCBC408A33

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian M. Go M.D., F.A.

Mailing Address 1037 Stradshire Dr

City

Raleigh

State

NC

Zip Code

27614-8365

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 0EFBFD39A8AF5C697F4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas B. Gore M.D., F.A.

Mailing Address 106 Clubview Dr

City

Lagrange

State

GA

Zip Code

30240-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 18659C9A8A614CBBAFF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Frank J. Green M.D., F.A.

Mailing Address 10590 N Meridian St

City

Indianapolis

State

IN

Zip Code

46290-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Care Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 05 / 2013

Transaction ID : 6DE516DB864CEDA4CBE

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sudhir K. Gupta M.B.B.S.,

Mailing Address 4 Jarrot Dr

City

Shawnee

State

OK

Zip Code

74801-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 19409A68386242CB4DD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth Aaron Hahn M.D., F.A.

Mailing Address 1462 S Colorado St
Apt 2F

City

Greenville

State

MS

Zip Code

38703-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta Regional Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : 7C57AD0EC73308AFCC7

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

c. Shelley A. Hall M.D., F.A.

Mailing Address 5514 Yolanda Ln

City

Dallas

State

TX

Zip Code

75229-6440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Place

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : 4445EF09447505A586C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill H. Harris M.D., F.A.

Mailing Address 2353 Old Hickory Ln

City

Lexington

State

KY

Zip Code

40515-1277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pikerville Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 6C01AB77835D2A21BE1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Katherine Hays M.D., F.A.

Mailing Address 400 Nantucket Blvd

City

Norman

State

OK

Zip Code

73071-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2013

Transaction ID : B235CFBFB6F8AC1A0A3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jonathan A. Hemphill M.D., F.A.

Mailing Address 3500 Autumn Point Ln

City

Carmichael

State

CA

Zip Code

95608-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Interventional Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 9BDDD46858DF347CBC3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Daniel Hill Jr., M.D.,

Mailing Address 281 Monte Vista Ridge Rd

City	State	Zip Code
Orinda	CA	94563-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Berkeley Cardiovascular Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : 206222D4DEFD61DF324

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frank A. Hobart M.D., F.A.

Mailing Address 2150 Shipyard Blvd

City	State	Zip Code
Wilmington	NC	28403-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cardiology Associates, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : 93FC4954ECA0D589FF0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Arthur B. Hodess M.D., F.A.

Mailing Address 3025 C G Zinn Rd

City	State	Zip Code
Thorndale	PA	19372-1131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : 93EA218F7EB93DD6461

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Y. C. Hong M.D., F.A.

Mailing Address 1364 Route 72 W

City

Manahawkin

State

NJ

Zip Code

08050-2485

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stafford Medical PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : BD3261DD2C00BF40F3B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven J. Horn M.D., F.A.

Mailing Address 151 Four Seasons Rd E

City

Buffalo

State

NY

Zip Code

14226-4275

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaleida Health Buffalo General Foundat

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2013

Transaction ID : 536D844491E8DCC4A34

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel J. Humiston M.D., F.A.

Mailing Address 1928 Maple Hollow Way

City

Bountiful

State

UT

Zip Code

84010-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Cardiology, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : 49D298C76A589D20C01D

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

708.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul G. Israel M.D., F.A.

Mailing Address 5019 Littlebury Rd SE

City
Huntsville

State
AL

Zip Code
35802-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 21 / 2013

Transaction ID : A49AF2C76A9585F56EF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark E. Jacoby M.D., F.A.

Mailing Address 1633 Amberley Ct SE

City

East Grand Rapids

State

MI

Zip Code

49506-4171

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Michigan Heart, P.C.

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2013

Transaction ID : D773A01441CF9977CB2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Walter E. James M.D., F.A.

Mailing Address 106 Fair Oaks Ln

City

Greenwood

State

SC

Zip Code

29646-9273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Cardiology Assoc

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : 36B8122E51255829B09

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Gihan Jayasundera M.D., F.A.

Mailing Address 515 E 72nd St
Apt 24C

City State Zip Code
New York NY 10021-4022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Medical Center

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : AA638691201949F728B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard A. Josephson M.D., F.A.

Mailing Address 1988 Four Seasons Dr

City State Zip Code
Akron OH 44333-1872

FEC ID number of contributing
federal political committee.

C

Name of Employer
Case Medical Center/University Hospita

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : 645A8F979B8F13CC628

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Richard E. Katholi M.D., F.A.

Mailing Address 1989 Outer Park Dr

City State Zip Code
Springfield IL 62704-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prairie Cardiovascular Consultants Ltd

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : B2E0F82B494244C0F0A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sanjiv Kaul M.D., F.A.

Mailing Address 2010 SW Carter Ln

City

Portland

State

OR

Zip Code

97201-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health & Science University

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : DD7EBC4F4ADB6A60FE8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Martin M. Kay M.D., F.A.

Mailing Address 26 Cedar Ln

City

Sands Point

State

NY

Zip Code

11050-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Associates of New York

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : FAFECBB7A1BB791BED

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin J. Kelly M.D., F.A.

Mailing Address 4405 Old Mill Rd

City

Fort Wayne

State

IN

Zip Code

46807-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 21 / 2013

Transaction ID : C3E90A770C0B409B81F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry E. Kibler M.D., F.A.

Mailing Address 164 Cardinal Ct

City

Chesnee

State

SC

Zip Code

29323-9686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 53FC896F9AB201C4667

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jamie H. Kim M.D., F.A.

Mailing Address 14 Powder Hill Rd

City

Bedford

State

NH

Zip Code

03110-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Heart Institute

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : DB5232842F2B8D4A543

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul A. Kirschbaum M.D., F.A.

Mailing Address 2001 Grand Prix Dr NE

City

Atlanta

State

GA

Zip Code

30345-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlanta Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : EB19E83794B64757453

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory M. Koshkarian M.D., F.A.

Mailing Address 3350 E Finger Rock Cir

City State Zip Code
Tucson AZ 85718-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Care of Southern ArizonaDesert C

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2013

Transaction ID : D228E4999206CA444CE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ellis W. Lader M.D., F.A.

Mailing Address 636 Hurley Ave

City State Zip Code
Hurley NY 12443-5114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Valley Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : F5AA01ACE75D26A4B42

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua Michael Larned M.D., F.A.

Mailing Address 4725 N Federal Hwy
Ste 401

City State Zip Code
Fort Lauderdale FL 33308-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Associates of Fort Laurerda

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2013

Transaction ID : EE18AF02-C6AA-4308-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leonard Lefkovic M.D., F.A.

Mailing Address 26 Callan Ave

City

Staten Island

State

NY

Zip Code

10304-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Island Medical Specialists, PLLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 21 / 2013

Transaction ID : 9E7DE617DB659DE82F2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gilbert A. Leidig Jr., M.D.,

Mailing Address 1 Centurian Dr
Ste 200

City

Newark

State

DE

Zip Code

19713-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Physicians, P.A. Abby Medica

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : EC34CB2F307ED464034

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Daniel A. Leonard M.D., F.A.

Mailing Address 16 Bessel Ln

City

Chappaqua

State

NY

Zip Code

10514-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kisco Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : 5DDFAF1F78630016085

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J. Lewandowski M.D., F.A.

Mailing Address 113 Limekiln Dr

City	State	Zip Code
Neenah	WI	54956-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Appleton Cardiology ThedaCare

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : 429482CB92A6C45537C

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Sandra J. Lewis M.D., F.A.

Mailing Address 5342 SW Hewett Blvd

City	State	Zip Code
Portland	OR	97221-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Cardiovascular Institute

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : 44D9B132E98C1EF14D77

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Lawrence Liao M.D., F.A.

Mailing Address 1936 Hornbeck Ct

City	State	Zip Code
Raleigh	NC	27614-7048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke Cardiology of Raleigh

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : D723F7FCA9F336EDC1D

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

541.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerard R. Martin M.D., F.A.

Mailing Address 202 Primrose St

City

Chevy Chase

State

MD

Zip Code

20815-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Heart, Lung & Kidney Diseases

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 12 / 2013

Transaction ID : ABE9611218090A84D7B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David M. Masiak D.O., F.A.

Mailing Address 1613 Stonington Cir

City

North Wales

State

PA

Zip Code

19454-3676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants of Philadelphia

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : 211A93A269165C2AE87

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ronald V. Miller M.D., F.A.

Mailing Address 23755 Woodlynne Dr

City

Bingham Farms

State

MI

Zip Code

48025-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 15 / 2013

Transaction ID : CC03056B84752898D15

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Margo B. Minissian ACNP-BC, M

Mailing Address 444 S San Vicente Blvd
Ste 600

City State Zip Code
Los Angeles CA 90048-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars Sinai Heart Institute Womens He

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 4CB381926ED196FBB209

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Charles H. Moore M.D., F.A.

Mailing Address 2627 Chestnut Ridge Dr
Ste 100

City State Zip Code
Kingwood TX 77339-1777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : 14D83622564DA47A36F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark T. Murphy M.D., B.Ch

Mailing Address 5109 Nicholas Creek Circle

City State Zip Code
Wilmington NC 28409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 39A9A7387FEA8123F12

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

708.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A. Nagelhout M.D., F.A.

Mailing Address 4520 W 69th St

City

Sioux Falls

State

SD

Zip Code

57108-8148

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Central Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : 237D6BDEA554DC4D963

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nicola B. Nicoloff M.D., F.A.

Mailing Address 12100 Mallards Xing

City

Petersburg

State

OH

Zip Code

44454-9735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : 013D98A9CDD6E744CE7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Umesh A. Patel M.D., F.A.

Mailing Address 64040 Highway 434
Ste 101

City

Lacombe

State

LA

Zip Code

70445-3499

FEC ID number of contributing
federal political committee.

C

Name of Employer

CardioMed Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : 36F36D48CD31FEF2178

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert S. Phang M.D., F.A.

Mailing Address 47 Fields End Dr

City State Zip Code
 Glenmont NY 12077-2960

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Albany Associates in Cardiology St. Pet

Occupation
 ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : 8E9F471200F982C028A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank Politzer M.D., F.A.

Mailing Address 34 Winding Brook Dr

City State Zip Code
 Sinking Spring PA 19608-9618

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : 22DABDF94B7525DEA86

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert C. Prentice D.O., F.A.

Mailing Address 13343 Edinburgh Dr

City State Zip Code
 Palos Heights IL 60463-2749

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2013

Transaction ID : 3E96AD98F4272FC8723

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Geetha Raghuveer M.B.B.S.,

Mailing Address 5354 Mission Woods Rd

City

Shawnee Mission

State

KS

Zip Code

66205-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Mercy Hospital

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 4D7DAC8C14F7E22B7D6A

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Peter S. Rahko M.D., F.A.

Mailing Address 3410 Noll Valley Cir

City

Verona

State

WI

Zip Code

53593-8720

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : BE83DC74B6BEB467A32

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Atul A. Ramchandran M.D., F.A.

Mailing Address 13231 Nicholas Cir

City

Omaha

State

NE

Zip Code

68154-5134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alegent Health Heart & Vascular

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : 9C43123EFFE6796FAF2

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1808.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph M. Restivo M.D., F.A.

Mailing Address 137 Lethbridge Cir

City State Zip Code
 Copley OH 44321-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 15 / 2013

Transaction ID : 767DE01127E6772AAEC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gary M. Rich M.D., F.A.

Mailing Address 7 Everett Pl

City State Zip Code
 New Orleans LA 70115-5032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 991C769525D6D87A4CD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Scott Taylor Riebel M.D., F.A.

Mailing Address 2183 Lois Ln

City State Zip Code
 Lancaster PA 17601-5752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Specialists of Lancaster, PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : DB478E0BF25BE51DF5D

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Robbins M.D., F.A.

Mailing Address 11023 67th Dr

City

Forest Hills

State

NY

Zip Code

11375-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael J Robbins MD

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 22 / 2013

Transaction ID : 68B3E3E82F1902C1DB6

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. George P. Rodgers M.D., F.A.

Mailing Address 11673 Jollyville Rd
Ste 205-B

City

Austin

State

TX

Zip Code

78759-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 23 / 2013

Transaction ID : 49348D2AB8EDDE3FF4EB

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. J. James Rohack M.D., F.A.

Mailing Address 4409 Leonard Rd
2401 S 31st Street

City

Bryan

State

TX

Zip Code

77807-9553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott & White Clinic and Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 2327822B7AE6027B723

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

633.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mehrdad Salamat M.D., F.A.

Mailing Address PO Box 6247

City

Corpus Christi

State

TX

Zip Code

78466-6247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mehrdad Salamat MD, PA

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	5		2	0	1	3		

Transaction ID : D5BB0D69C68D1669FA8

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Gregory C. Sampognaro M.D., F.A.

Mailing Address 534 Griggs Rd

City

Calhoun

State

LA

Zip Code

71225-8937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	2		2	0	1	3		

Transaction ID : 963809F53FFB34C2FD9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Radha J. Sarma M.B.B.S.,

Mailing Address 1605 Glen Oaks Blvd

City

Pasadena

State

CA

Zip Code

91105-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western University of Health Sciences

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	1		2	0	1	3		

Transaction ID : BBFC96FB-33FC-4C09-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian H. Sarter M.D., F.A.

Mailing Address 203 Fallbrooke Dr
Abby Medical Center

City State Zip Code
Kennett Square PA 19348-2688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Physicians, P.A.

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 9584704BF5598CDBA92

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michele P. Sartori M.D., F.A.

Mailing Address 2102 Rice Blvd

City State Zip Code
Houston TX 77005-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 48FF9D58B6932871EBF

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. William Schafranek M.D., F.A.

Mailing Address 16 Isaac Graham Rd

City State Zip Code
Flemington NJ 08822-7217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hunterdon Cardiovascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : E120E1005F4806F3E65

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 50

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bernard L. Segal M.D., F.A.

Mailing Address 1237 E Durham St

City

Philadelphia

State

PA

Zip Code

19150-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University Hospital J

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	21	/	2013

Transaction ID : 54092C94FEF5C6B974B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert R. Segal M.D., F.A.

Mailing Address 211 E 51st St

City

New York

State

NY

Zip Code

10022-6526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	12	/	2013

Transaction ID : 34A59546015C708F0F1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Garima Sharma M.B.B.S.

Mailing Address 23 Castlehill Ct

City

Timonium

State

MD

Zip Code

21093-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	12	/	2013

Transaction ID : BCBA6ACCE34B856E271

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hullukunte Shivaprasad M.B.B.S.,

Mailing Address 1046 Enid Dr

City

Wheelersburg

State

OH

Zip Code

45694-9370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 12 / 2013

Transaction ID : EAC3E7B91C2CD71B76C

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. John W. Shuck M.D., F.A.

Mailing Address 1100 Forrest Ave

City

Dover

State

DE

Zip Code

19904-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

02 / 28 / 2013

Transaction ID : 497F835E96947445AAF8

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

c. Howard M. Staniloff M.D., F.A.

Mailing Address 501 E Hardy St
Ste 215

City

Inglewood

State

CA

Zip Code

90301-4089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : D1BF3722DA3B5BDED70

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1073.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 50

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph E. Steinmetz M.D., F.A.

Mailing Address 1210 Alderly Rd

City

Indianapolis

State

IN

Zip Code

46260-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Care Group LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : 07539FE8B65C99076D3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kurt F. Strosahl M.D., F.A.

Mailing Address 1309 Woody Ridge Ct

City

Chesapeake

State

VA

Zip Code

23322-2246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : E6B6177E37A10E37A11

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Marc A. Tecce M.D., F.A.

Mailing Address 5 Great Woods Ln

City

Malvern

State

PA

Zip Code

19355-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : 2AFAA7D1F9C58CB716F

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Suma A. Thomas M.D., F.A.

Mailing Address 7620 Old Georgetown Rd
Apt 1214

City State Zip Code
Bethesda MD 20814-6182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 422C95FFF53499B29D8A

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. William David Thompson M.D., F.A.

Mailing Address 140B Blackburn Ave

City State Zip Code
Nashville TN 37205-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2013

Transaction ID : 82F80CC8-E7D7-47D7-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Thomas Truong D.O.

Mailing Address 880 Mandalay Ave
Apt S707

City State Zip Code
Clearwater FL 33767-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : 829A904BE83E799D6AE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

708.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. William R. Vetter M.D., F.A.

Mailing Address 5301 F St
Ste 117

City State Zip Code
Sacramento CA 95819-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 22A0B882A9F10C3E10D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Juan Villafane M.D., F.A.

Mailing Address 1400 Willow Ave
1205

City State Zip Code
Louisville KY 40204-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

02 / 28 / 2013

Transaction ID : 401E850911411B5A017E

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Thad F. Waite M.D., F.A.

Mailing Address 1017 Richburg Rd

City State Zip Code
Hattiesburg MS 39402-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

02 / 28 / 2013

Transaction ID : 42B0A963D4E406081D01

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

541.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven S. Walker M.D., F.A.

Mailing Address 1926 Collingswood Rd

City State Zip Code
Columbus OH 43221-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Cardiology Consultants Inc

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 6CBF4596D8B3FE7DEC6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Diane E. Wallis M.D., F.A.

Mailing Address 3825 Ighland Avenue
Suite 400

City State Zip Code
Downers Grove IL 60515-4457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2013

Transaction ID : F4FC70F7174B6B2D276

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Patrick J. Welch M.D., F.A.

Mailing Address 200 Beaulieu Dr
Ste 1

City State Zip Code
Lafayette LA 70508-7230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : AA384017CF4CB9170CC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph N. Wight Jr., M.D.,

Mailing Address 11 Ironclad Rd

City

Cape Elizabeth

State

ME

Zip Code

04107-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 15 / 2013

Transaction ID : 2A73DA65676E1C59B11

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard F. Wright M.D., F.A.

Mailing Address 1038 S Carmelina Ave

City

Los Angeles

State

CA

Zip Code

90049-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2013

Transaction ID : 4669B8754305C06335C6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Antoine G. Younis M.D., F.A.

Mailing Address 11403 Memorial Dr

City

Houston

State

TX

Zip Code

77024-7512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 15 / 2013

Transaction ID : 990E6A0ECD916CC69E8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

50809.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 50
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City State Zip Code
 Richmond VA 23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5847.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 15 2013

Transaction ID : B26BFDA88152A00E3BA

Amount of Each Receipt this Period

3192.95

Reimbursement for January Amex Fees and February Merchant Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3192.95

3192.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
February 2013 Amex Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

Transaction ID : V1B2D99857A72B9E69C3

Amount of Each Disbursement this Period

508.64

Full Name (Last, First, Middle Initial)

B. Wells Fargo, N.A.Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City	State	Zip Code
Knoxville	TN	37920

Purpose of Disbursement
February 2013 Merchant Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

Transaction ID : M8E551DD9557036CBD54

Amount of Each Disbursement this Period

3098.46

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3607.10

3607.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Doc PAC

Mailing Address 2470 Daniell's Bridge Rd Ste 121

City Athens	State GA	Zip Code 30606
----------------	-------------	-------------------

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Doc PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Transaction ID : 7241BB3E71D147EE3E9

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Gingrey for Congress, Inc.

Mailing Address PO Box U

City Marietta	State GA	Zip Code 30060
------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Phil GingreyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Transaction ID : 7549B81ACCC4FBC3181

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch	State NJ	Zip Code 07740
---------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Frank Pallone Jr.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Transaction ID : ADD4DA8942C3757088E

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Price for Congress

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas E. Price M.D.

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Transaction ID : 626195B7451C9BC4445

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Shore PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Transaction ID : 74D999C3EC9093EDADDB

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Voice for Freedom

Mailing Address 2700 Cumberland Parkway, Suite 150

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Voice for Freedom

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Transaction ID : F3540E837F8700C52E1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

30000.00
